

Lead Hazard Control Application for Assistance

Please return application and documentation to:

City of Rocky Mount
Lead Hazard Control Program
P.O. Box 1180
Rocky Mount, NC 27802-1180

General Information

Project Address _____ Zip _____

Property Owner _____

Mailing Address _____ Zip _____

Telephone _____ Cell Phone _____ Fax _____

Owner's Social Security or Federal ID Number: _____

Type of Ownership:

☐ Single Owner ☐ Partnership ☐ General ☐ Limited ☐ Corporation

Building Description: Date of Construction _____

Structure Type _____

Number of Stories _____

Total Number of
Units in the Property _____

A complete Lead Hazard Control application must include the following attachments. Please check for completeness before submission:

- Proof of ownership - recorded warranty deed
- Copy of partnership agreement
- Letter of property value assessment or appraisal from a certified real estate appraiser which indicates the current value of the property
- If over 4 units, a current rent roll
- If over 4 units, a title insurance company letter documenting clear title
- If over 4 units, results of the asbestos containing materials survey
- Attached forms for income verification for tenants-only
- Tax Returns for tenants and landlord

Describe the ownership of the property and authority of applicant to undertake rehabilitation. A copy of a warranty deed, purchase option, contract of sale or other evidence of control of the property to be rehabilitated must be submitted with the owner's proposal. The recorded warranty deed will be required prior to the execution of the Rental Rehabilitation Contract.

List the name, address, and telephone number of all other parties having an interest (partnerships, lienholders) in the property. Provide a copy of any partnership agreement and describe any cash contributions by general or limited partners.

List the name, address and telephone number of any management company or agent involved in the management of the property.

Is the property or any unit in the property currently subsidized or assisted under any federal or state housing program or has any assistance been received during the past 12 months?
No_____ Yes_____ If yes, explain.

Are any property taxes due on the subject property or any other property owned in whole or part by applicant?

Tax ID Number R-_____ No_____ Yes_____

If yes, explain when full payment will be made.

Property and Tenant Data

List the names of the tenants currently occupying the units to be rehabilitated. If the proposal is accepted as feasible, the tenants listed will be contacted to determine their eligibility for assistance under the Tenant Assistance and Displacement policy. A HUD form 50059 maybe attached in lieu of a current list of tenants. If the project consists of more than four (4) units, attach a current rent roll indicating the tenant's name, apartment #, and rent.

[illegible]

Annual Operating Data

LIST ANNUAL EXPENSES FOR THE FOLLOWING:

1. Debt Service First Mortgage \$ _____ x 12 = \$ _____

2. Debt Service Second Mortgage \$ _____ x 12 = \$ _____

3. Property Taxes: City \$ _____
County \$ _____

4. Insurance: \$ _____

5. Utility Costs paid by owner \$ _____

6. Management: \$ _____

7. Maintenance: \$ _____

8. Other Specify: _____ \$ _____

Specify: _____ \$ _____

Specify: _____ \$ _____

TOTAL ANNUAL OPERATING COSTS \$ _____

MONTHLY OPERATING COSTS \$ _____

ANTICIPATED RENTS RECEIPTS

Unit Size	Monthly Rent	# of Units	Total Annual Rent Receipts
0 BRM	\$		\$
1 BRM	\$		\$
2 BRM	\$		\$
3 BRM	\$		\$
4 BRM	\$		\$

TOTAL ANNUAL RENT RECEIPTS \$ _____

ANTICIPATED ANNUAL VACANCY RATE % _____

ACKNOWLEDGEMENT OF THE LEAD PAINT NOTICE FOR OWNER-OCCUPANTS

Purpose of information: To assist Community Development in complying with the Federal regulations regarding lead-based paint notification and to assure that property owners are notified of the hazards of lead-based paint.

I/We have received a copy of the pamphlet(s): "Protect Your Family From Lead In Your Home" and "Is Your Home Lead Safe? Your Guide to a Safer Home".

Directions to Applicant(s): Please read the attached notification and sign below certifying that you were advised of this notice and you received a copy.

PROGRAM FUNDING

The applicant understands that this program is provided with funding from the City of Rocky Mount/DEHC Lead Hazard Control Program. The program requires that statistical data about tenant households and maybe included in monthly and annual reports. The applicant understands that these reports may include pictures of the property before and after interim control measures.

ACKNOWLEDGEMENT AND AGREEMENT

The applicant understands that the City of Rocky Mount/DEHC will undertake lead-based paint testing on my/our home. If the test results reveal lead-based paint hazards, the applicant understands that my/our scope of work will include the work necessary to make my/our home lead safe. Lead safe means that all lead-based paint hazards in my/our home have been stabilized and that my/our home passed a certified lead clearance test upon completion of work.

Also, the applicant understands that the City of Rocky Mount/DEHC's Lead Hazard Control Program is voluntary program and if my/our home is under investigation by the local health department it is the property owner's responsibility to work with the appropriate health officials and determine the plan of action that would be taken to reduce the lead hazards.

For the dwelling unit to remain lead safe, The applicant understands that I/we must complete a Lead Awareness class provided by the City of Rocky Mount/DEHC before any work is performed. The applicant understands that I/we must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were not identified as a present hazard.

The applicant(s)/owner(s) agree that the City of Rocky Mount/DEHC will do an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate the City of Rocky Mount/DEHC to award a lead hazard control grant. The applicant(s)/owner(s) agree to allow the City of Rocky Mount/DEHC to take before and after photographs that will document the remediation work.

The applicant understands that the medical records and income verifications of household members will be used for the sole purpose of determining eligibility for this program. I/We hereby authorize the release of medical records and income verifications of persons within the household for this purpose only.

The applicant has read and agrees with the above information regarding lead inspections, clearance testing and results, disclosure of information, and on-going lead hazard monitoring. The applicant(s)/owner(s) further agrees that the City of Rocky Mount/DEHC will not be held liable for any damage(s) that may occur as a result of said inspection and subsequent disclosures.

For applicant(s)/owner(s) protection, the relocation process for household individuals and personal items will be discussed if the application is approved.

Owner's Certification and Signature

The applicant certifies that all information in this application is given for the purpose of obtaining financial assistance under the **Lead Hazard Control Program**. The applicant certifies information is true and complete to the best of the applicant's knowledge and belief.

The applicant understands that all statements will be thoroughly investigated. The applicant understands that the State or Federal reviewer may check the information on this form and I agree to this investigation.

The applicant further certifies that the property to be assisted will be utilized as rental property which will be available to low and very low income families. The applicant agrees to comply with all regulations issued pursuant to the Lead Hazard Control Program.

The applicant agrees not to discriminate on the basis of race, age, sex, religious creed, national origin, familial or disability status in the sale, lease, rental, use, or occupancy of the real property assisted under the Lead Hazard Control Program.

Owner's Signature Date

Co-Owner's Signature (if applicable) Date

Lead Hazard Control Program

Authorization to Release Information

To Whom It May Concern:

1. I/We _____
(Please Print Name (s))
have applied for a Lead Hazard Control Grant from the City of Rocky Mount/DEHC.
2. As part of the process, the City/DEHC may verify information required in connection with the lead hazard control process.
3. I/We authorize you to provide to the City/DEHC any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income verification, copies of income tax returns and title search, copy of birth certificates for children under the age of six residing in home.
4. The City/DEHC may address this authorization to any party named on my/our application.
5. A copy of this authorization may be accepted as original.

Applicant's signature

Date

Applicant's signature

Date

City of Rocky Mount/DEHC

Lead Hazard Control Program

Income Verification

Applicant: _____ SSN: _____

Address: _____

Telephone: _____

I authorize the Social Security Administration, Department of Social Services, Unemployment Security Administration, Retirement/Pension Agency, employer, or _____ to release to the City of Rocky Mount/DEHC all information concerning benefits or salary payable to me. This includes all benefits for me/my family.

Applicant Signature Date

The person above is an applicant for a City of Rocky Mount/DEHC, Lead Hazard Control Program. Federal law requires us to obtain a verification of income on each applicant to determine the benefit to low-to-moderate income households. The information requested will be kept in strict confidence. Please provide a copy of 1099 or W-2 if available. Thank you for your cooperation in returning this form to the address below.

The above receives \$_____ per HR/WK/MO/YR

Estimated yearly income \$_____ (Note variations below)

Expected Increase/Decrease For the Upcoming Year \$_____

Type of Benefits: _____

Agency/Employer: _____

Title: _____ Phone: (_____) _____

Signature Date

Remarks: _____

Return to: Deborah Jenkins, Lead Project Coordinator
City of Rocky Mount
P.O. Box 1180
Rocky Mount, NC 27802-1180
972-1145

City of Rocky Mount/DEHC

Lead Hazard Control Program

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Rocky Mount, NC 27802-1180
972-1145

Form Approved OMB No. 0960-0566

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

Name _____ Date of Birth _____
Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

<u>NAME</u>	<u>ADDRESS</u>
City of Rocky Mount Admin. Complex	
Lead Hazard Control Program	
331 South Franklin Street	
P.O. Box 1180	
Rocky Mount, NC 27802-1180	

I want this information released because:

Rehab work on house.

(There may be a charge for releasing information.)

Please release the following information:

- ☐ Social Security Number
- ☐ Identifying information (includes date and place of birth, parents' names)
- ☒ Monthly Social Security benefit amount
- ☒ Monthly Supplemental Security Income payment amount
- ☐ Information about benefits/payments I received from _____ to _____
- ☐ Information about my Medicare claim/coverage from _____ to _____ (specify)
- ☐ Medical records
- ☐ Record(s) from my file (specify)
- ☐ Other (specify)

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Address:

Date: _____ Relationship:

SSA-3288

Return To:

Deborah L. Jenkins, Lead Project Coordinator
City of Rocky Mount, Community Development
331 S. Franklin St., P. O. Box 1180, Rocky Mount, NC 27802-1180
252-972-1145 Office and 252-972-1581 Fax

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TO: Social Security Administration

Name _____ Date of Birth _____

Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

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The City of Rocky Mount/DEHC LEAD HAZARD CONTROL PROGRAM

ACKNOWLEDGMENT OF THE LEAD PAINT NOTICE FOR OWNER-OCCUPANTS

ATTACHMENT " A "

APPLICANT'S NAME: _____

CO-APPLICANT'S NAME: _____

ADDRESS OF UNIT(S): _____

Purpose of Form: To assist Rocky Mount Community Development in complying with Federal regulations regarding lead-based paint notification and to ensure that property owners are notified of the hazards of lead-based paint.

Directions to Applicant(s) : Please read the attached notification and sign below certifying that you were advised of this notice and you have received a copy.

Applicant Signature

Date

Applicant Signature

Date

The City of Rocky Mount/DEHC LEAD HAZARD CONTROL PROGRAM



Visiting Children Documentation

HUD's Definition of Frequently Visiting:

"A significant amount of time visiting" is visiting regularly by the same child, six years of age or under, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least three hours and the combined weekly visit lasts at least six hours, and the combined annual visits last at least 60 hours.

I certify that the child/children listed below are under the age of six and visit the property located at _____ with equal or greater frequency then described in the above definition.

Childs Name	Age	Relationship	Duration/Frequency of visits

Property Owner Signature

Date

Parent/Guardian Signature

Date

INCOME TAX AFFIDAVIT

I/We, the undersigned, state the following:

I certify that I was not required by law to file a federal income tax return for the most recent Year for the reason (s) shown below:

Signature

Date

Signature

Date